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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/706,484 11/12/2003			Graydon Ernest Beatty		1125 7593		
TITLE OF INVENTION: ENDOCARDIAL MAPPING SYSTEM							
			T	PREV. PAID ISSU	e men   mon	TAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	\$0	E FEE 10.	\$1510	11/12/2009
nonprovisional	NO	\$1510	\$0	a∪ 1		31310	11/12/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
COHEN, LEE 8		3739	600-374000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).  (1) the names of up to 3 registered patent attorneys							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
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St. Jude Medical, Atrial Fibrillation Division, Inc. St. Paul, Minnesota							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual X Corporation or other private group entity							
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